

4294

MARGIN RESERVED FOR BINDING

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Miami County Guila No. St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number* in order of birth
<u>Female</u>			

DATE OF BIRTH* Nov 21, 1915
(Month) (Day) (Year)

FULL* NAME	FATHER
<u>John Walter Daniels</u>	
FULL* MAIDEN NAME	MOTHER
<u>Kate Wedgworth</u>	

I HEREBY CERTIFY that the child described herein has
been named

Helen Catherine C Daniels
(Give name in full) (Surname)

Kate Daniels
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

SM 6-1-38

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